

**ASSISTED LIVING INITIAL CHECKLIST**

Date:\_\_\_\_\_

Survey scheduled for:\_\_\_\_\_

Facility Name:\_\_\_\_\_

Manager:\_\_\_\_\_

Level of Care requested (circle one) SUPERVISORY   PERSONAL   DIRECTED

Capacity applying for:\_\_\_\_\_

What city is your facility located in? \_\_\_\_\_(different local ordinances)

ALTCS:   Yes   No

ADMINISTRATION INFORMATION	Y	N	N/A	NOTES
Do you have documentation of personnel requirements for the Manager and the Manager's Designee? (Name, address, telephone number, date of birth, TB test, submit fingerprints, 2 personal and 2 professional references, level of care training, First Aid/CPR)				
Do you have documentation of negative TB tests for family members and any other individuals living or working in the home?				
Who will be the Manager's Designee and is it in writing? NAME:_____				
Do you have a sample work schedule (dated with day, month, year; name of each employee; scheduled/actual work hours)				
Do you have the following <b>Policies and Procedures</b> :				
1. Deposits and Refunds				
2. Resolving Grievances				
3. Terminating Residency				
4. Obtaining information food/activities				
5. Protecting and releasing records (confidentiality)				
6. Facility grounds safe and free of hazards				
7. Pool Safety				
8. Pet Safety				
9. Wandering Residents				
10. Fire Safety (written evacuation plan)				
11. Disaster Plan relocation:_____				
12. Non-retaliatory & Patient Safety Reporting Procedure				

<b>MEDICATION POLICIES:</b>				
1. Obtaining				
2. Refilling				
3. Storing				
4. Controlling				
5. Disposing				
6. Assisting in self-administration				
7. Medication Administration (if applicable)				
8. Recording (MAR) & maintenance				
Are the Medication policies signed by RN, DR or Pharmacist?				
<b>MEDICATIONS</b>				
Do you have a sample form of a Medication Administration Record?				
Do you have a First Aid Kit that includes bandages, gauze, tape, scissors, tweezers and antiseptic solution? (if brand new – remove medication. Ex: Tylenol)				
Do you have a drug Reference Guide (Pill Book) that has a copyright date no older than 2 years?				
Do you have a locked area to store medications?				
<b>FIRE/FACILITY SAFETY</b>				
Do you have smoke detectors in each bedroom? Laundry Room? Attached Garage? Hallway or room adjacent to the kitchen? Hallway adjoining bedrooms? Storage rooms/areas? Did you test all the smoke detectors?				
Is the Fire Extinguisher mounted no higher than 5 feet?				
Is the Fire Extinguisher tagged or taped receipt to show it has been serviced every 12 months?				

Do you have a Fire Sprinkler System?				
What type of lock is on your front and back door?				
Did the Fire Department approve of this lock?				
Do you have emergency exit signs posted?				
Do you have a current Fire Inspection from the Fire Department?    DATE:_____				
What type of locks are on the bedroom/bathroom doors? (lock on inside of door and does staff have a device or key)				
Do you have a sample form to record employee and resident fire drills?				
Do you have a shaded outdoor area?				
Do you have wheelchair ramps by the exit doors? (front/back) **TA that when a resident moves in and has a W/C or assistive device**				
Is any part of your home under construction? Is there paint or tools lying around?				
Please describe your backyard – (grass, rock, dirt, gazebo, etc)				
Do you have a secured outdoor area (if applying for Directed Level)				
Do all bedroom windows open/close properly?				
Do all bedrooms have a window or door leading to the outside? Are the bedroom windows free of barriers inside/outside of the home if residents had to evacuate? (safe egress)				
Do you have a locked area for toxic materials such as cleaning supplies?				

Did you test the hot water to make sure it is reading between 95-120 degrees?				
Does the refrigerator thermometer register less than 41 degrees?				
Do you have a pool, spa or water fountain?				
If so, fenced? Locked? Self-closing? Windows leading into the pool area?				
Do you have pets?				
If so, current vaccination records including the pet license if required by the county? Dogs- rabies, distemper, parvo & hepatitis Cat – rabies & feline leukemia				
<b>DOCUMENTS POSTED</b>				
Original Manager Certificate? (if 2 <sup>nd</sup> facility – do you have a Duplicate Manager’s Certificate)				
Delegation of Authority? (recommended to be posted)				
Resident Rights (22)?				
Facility House Rules?				
Current Community Telephone Numbers?				
Notice Posted where Health Department inspection reports are available for review?				
Activity Schedule (at least 1 activity a day)				
Menu (dated with day, month, year: snacks; 5 servings of fruits/vegs daily)				
Work Schedule				
<b>GENERAL</b>				
Do you have a sample form of a Service Plan?				
Will you be handling the resident’s money? (if so, separate account, quarterly ledger)				
Do you have a newspaper and magazines available?				
Do you have a 3 day supply of non-perishable food? (can goods, rice, boxed goods)				

Do you have a washer/dryer?				
Do you have at least 1 bedroom fully set up? bed, pillow, sheets, mattress pad, blanket, bedside lamp, bell or intercom system, window privacy, storage area for personal belongings (like a closet or wardrobe cabinet)				